

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |   |                                |  |   |  |
|---|---|--------------------------------|--|---|--|
| <b>NAME OF FILER</b><br>Friends of Bill Monning for Assembly 2010 |   |                                | <b>Date of This Filing</b> 04/28/2010  | Date Stamp<br><br><br><br><br><br><br>Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(831)422-6261                    | <b>I.D. NUMBER</b> (if applicable)<br>1313609 | <b>Report No.</b> LCR-20100428 |  |   |  |
| <b>STREET ADDRESS</b>   |   |                                |  |   |  |
| <b>CITY</b><br>Salinas  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>93901       |  |   |  |
|   |   |                                | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |  |
|   |   |                                | <b>No. of Pages</b> 2  |   |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|---|-----------------|
| 04/28/2010    | California Association of Health Plans PAC<br>Sacramento, CA 95814<br><br>ID# 950541                        | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$2,000.00      |
| 04/28/2010    | California New Car Dealers Association Political Action Committee<br>Sacramento, CA 95814<br><br>ID# 741623 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000.00      |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>NAME OF FILER</b><br>Friends of Bill Monning for Assembly 2010 |   |                          | <b>Date of This Filing</b> 04/28/2010<br><br><b>Report No.</b> LCR-20100428<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | <b>Date Stamp</b><br><br><br><br><br><br><br><br><br><br><b>Page 2 of 2</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(831)422-6261                    | <b>I.D. NUMBER</b> (if applicable)<br>1313609 |                          |  |   |   |
| <b>STREET ADDRESS</b>   |   |                          |  |   |   |
| <b>CITY</b><br>Salinas  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>93901 |  |   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: